## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Potents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a sensorate "FEE ADDRESS" for

maintenance fee notification		in Block 1, by (a)	opoon, ing o		possesso automo	, (0)		
CURRENT CORRESPONDENC		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must						
23441 75	590 01/26/2006	TPE	<i>*</i>	have	e its own certificat	te of mailing o	r transmission.	at or formal diamag, man
LAW OFFICES	OF MICHAEL DRY	JA, O	40gg		Ce	ertificate of M	alling or Trans	mission
704 228TH AVEN	- 00° 88° /	I hereby certify that this Fee(s) Transmittal is being deposited with the Ur States Postal Service with sufficient postage for first class mail in an enve addressed to the Mail Stop ISSUE FEE address above, or being facsi transmitted to the USPTO (571) 273-2885, on the date indicated below.						
PMB 694	500g R	add	ressed to the Ma	il Stop ISSU	E FEE address	above, or being facsimile		
Sammamish, W	Æ/	Tran	smitted to the USI	P10 (3/1) 2/3	-2883, on me o	(Depositor's name)		
	ne de la companya de	⊢	(Signature)					
			(Date)					
				<del></del>			(Date)	
APPLICATION NO.	FILING DATE	1	FIRST NAMED	INVENTOR		ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/063,986	10/063,986 05/31/2002			Amit Jain			2-0003-US1	3822
TITLE OF INVENTION: M	ANAGING ACCESS CON	TROL WITHIN SY	STEM TOPO	LOGIES U	SING CANONIC	AL ACCESS	CONTROL RE	PRESENTATIONS
APPLN. TYPE	APPLN, TYPE SMALL ENTITY IS		EE I	PUBLICATION FEE		TOTAL FEE(S) DUE		DATE DUE
	NO		\$1400		\$300	\$1700		04/26/2006
		· · · · · · · · · · · · · · · · · · ·				¬		<b>C</b>
EXAMINER		ART UNIT			CLASS-SUBCLASS			
SALL, EL HADJI MALICK		2157		70	9-229000	<u>.</u>		
<ol> <li>Change of correspondence CER 1 363).</li> </ol>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
Change of correspondadress form PTO/SB/I								
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	2 registered automey or agents, and the maines of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.							
3. ASSIGNEE NAME ANI	D RESIDENCE DATA TO E	E PRINTED ON T	HE PATENT	(print or ty	pe)			<del></del>
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified b n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appe Γa substitute i	ear on the p for filing an	atent. If an assig assignment.	mee is identif	ied below, the d	locument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY DEVENEE 00000165 501336 10063986								
International Busines	Armonk, NY 81 FC:1591 1400.00 DA							
	ec r			:1594	300.80 DA	<u></u>		
Please check the appropriat	e assignee category or catego	ories (will not be pr	inted on the p	atent):	Individual 🖾 🤇	Corporation or	other private gr	oup entity Government
%a. The following fee(s) are	. Payment of	• •						
Issue Fee	A check in the amount of the fee(s) is enclosed. (501336)							
Publication Fee (No	Payment by credit card, Form PTO-2038 is attached.							
Advance Order - # o	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
5. Change in Entity Status	(from status indicated abov	e)						
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	) is requested to apply the las Publication Fee (if required) cords of the United States Pa	ue Fee and Publica will not be accepted ant and Trademask	tion Fee (if and from anyone Office.	y) or to re-a other than	pply any previou the applicant; a re	sly paid issue gistered attorn	fee to the applicately or agent; or t	ation identified above. he assignee or other party in
Authorized Signature	Date 2/19/06							
Typed or printed name	Registration No. 39,662							
	ion is required by 37 CFR 1.	311. The information	n is required	to obtain or	retain a benefit by	y the public wi	nich is to file (an	d by the USPTO to process)
an application Confidentic	lity is anyempet by 75 H S f	' 177 and 17 CE9	I IA This col	loction is of	timated to take 17	7 minutos to c	ominiete inclinti	na antheama mashanna and
this form and/or suggestion	application form to the USP1 is for reducing this burden, s ginia 22313-1450. DO NOT	hould be sent to the	e Chief Infom	nation Office	er, U.S. Patent on	d Tredemark	Office, U.S. Der	partment of Commerce, P.O. for Patenta, P.O. Box 1450
Alexandria, Virginia 22313	L1450	CENT I EEO OK	JUNE LE LEL	ORUMO I	O HILL ADDRE	JUNE IO		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.